



Public Services

Engineering
414 Chestnut St, Suite 200
Wilmington, NC 28401
910 341-7807
910 341-5881 fax
wilmingtonnc.gov
Dial 711 TTY/Voice

COMPREHENSIVE STORMWATER MANAGEMENT PERMIT

HIGH DENSITY DEVELOPMENT SERVED BY AN OFF-SITE STORMWATER SYSTEM

SECTION 1 – APPROVAL

Having reviewed the application and all supporting materials, the City of Wilmington has determined that the application is complete and the proposed development meets the requirements of the City of Wilmington's Comprehensive Stormwater Ordinance.

PERMIT HOLDER: **New Hanover Regional Medical Center**
PROJECT: **NHRMC - Outpatient Cardiology Center**
ADDRESS: **1415 Physicians Drive**
PERMIT #: **1998004R1**

Therefore, the above referenced site is hereby approved and subject to all conditions set forth in Section 2 of this approval and all applicable provisions of the City of Wilmington Comprehensive Stormwater Management Ordinance.

This permit shall be effective from the date of issuance until rescinded and shall be subject to the following specified conditions and limitations:

Section 2 - CONDITIONS

1. The runoff associated with this project has been approved to be discharged into The Upper & Lower Silver stream pond operated and maintained by The City of Wilmington under the terms and conditions set forth in the latest version of Permit No. SW8921001.
2. This approval is valid only for the stormwater management system as proposed on the approved stormwater management plans dated 7/11/13.
3. The built upon area for this project must not exceed the maximum built-upon area allocated to this project or a modification to the City & State Master permits for the Silverstream facility will be required.
4. This permit is issued concurrently with NCDENR/DWQ State Stormwater Offsite Permit No. SW8130507. This project is subject to the requirements, terms and conditions of both permits. A revision or modification to one permit will not be reflected in the other without separate application.
5. The project will be limited to the amount and type of built-upon area indicated in Section IV of the Stormwater Management Application Form submitted as part of the approved stormwater permit application package, and per the approved plans.
6. This permit shall become void unless the facilities are constructed in accordance with the approved stormwater management plans, specifications and supporting documentation, including information provided in the application and supplements.



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7. The runoff from all built-upon area within any permitted drainage area must be directed into the permitted stormwater control system for that drainage area.
8. The permittee shall submit a revised stormwater management application packet to the City of Wilmington and shall have received approval prior to construction, for any modification to the approved plans, including, but not limited to, those listed below:
 - a. Any revision to any item shown on the approved plans, including the stormwater management measures, built-upon area, details, etc.
 - b. Redesign or addition to the approved amount of built-upon area or to the drainage area.
 - c. Further subdivision, acquisition, lease or sale of any part of the project area.
 - d. Filling in, altering, or piping of any vegetative conveyance shown on the approved plan.
 - e. Construction of any permitted future areas shown on the approved plans.
9. A copy of the approved plans and specifications shall be maintained on file by the Permittee.
10. During construction, erosion shall be kept to a minimum and any eroded areas of the system will be repaired immediately.
11. All areas must be maintained in a permanently stabilized condition. If vegetated, permanent seeding requirements must follow the guidelines established in the North Carolina Erosion and Sediment Control Planning and Design Manual unless an alternative is specified and approved by the City of Wilmington.
12. The permittee is responsible for keeping the stormwater collection system within the lot property boundaries clear of trash, debris and sediment, and must control the sediment on the lot in accordance with the requirements of the NC Erosion and Sediment Control Design Manual. The following maintenance for the lot and its stormwater collection system shall be performed as indicated:
 - a. Semiannual scheduled inspections (every 6 months).
 - b. Sediment and trash removal as necessary.
 - c. Vegetate the stormwater conveyance swales and the non-paved areas of the lot.
 - d. Immediate repair and stabilization of any eroded areas on the lot.
 - e. Maintenance of all slopes in accordance with approved plans and specifications.
 - f. Repair or replacement of swales, catch basins and piping as necessary to capture the lot's runoff and maintain adequate drainage to the permitted BMP.
13. Records of inspection, maintenance and repair for the permitted stormwater system must be kept by the permittee for at least 5 years from the date of record and made available upon request to authorized personnel of the City of Wilmington. The records will indicate the date, activity, name of person performing the work and what actions were taken.
14. Upon completion of construction, before a Certificate of Occupancy shall be granted, and prior to operation of this permitted facility, the applicant shall submit to the City of Wilmington as-built plans for all stormwater management facilities. The plans shall show the final design specifications and the field location, type, depth, and invert of all measures, controls and devices, as-installed. A certification shall

be submitted, along with all supporting documentation that specifies, under seal that the as-built stormwater measures, controls and devices are in compliance with the approved stormwater management plans. A final inspection by City of Wilmington Engineering personnel will be required prior to issuance of a certificate of occupancy or operation of the permitted facility.

15. This permit is not transferable except after application and approval by the City of Wilmington. In the event of a change of ownership, name change or change of address the permittee must submit a completed Name/Ownership Change form to the City of Wilmington at least 30 days prior to the change. It shall be signed by all applicable parties, and be accompanied by all required supporting documentation. Submittal of a complete application shall not be construed as an approved application. The application will be reviewed on its own merits by the City of Wilmington and may or may not be approved. The project must be in compliance with the terms of this permit in order for the transfer request to be considered. The permittee is responsible for compliance with all permit conditions until such time as the City of Wilmington approves the transfer request. Neither the sale of the project nor the conveyance of common area to a third party should be considered as an approved transfer of the permit.
16. Failure to abide by the conditions and limitations contained in this permit may subject the Permittee to enforcement action by the City of Wilmington, in accordance with Sections 18-52 and 18-53 and any other applicable section of the Land Development Code.
17. The City of Wilmington may notify the permittee when the permitted site does not meet one or more of the minimum requirements of the permit. Within the time frame specified in the notice, the permittee shall submit a written time schedule to the City of Wilmington for modifying the site to meet minimum requirements. The permittee shall provide copies of revised plans and certification in writing to the City of Wilmington that the changes have been made.
18. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances, which may be imposed by other government agencies (local, state, and federal) having jurisdiction.
19. In the event that the facilities fail to perform satisfactorily, including the creation of nuisance conditions, the Permittee shall take immediate corrective action, including those as may be required by the City of Wilmington, such as the construction of additional or replacement stormwater management systems.
20. The permittee grants City of Wilmington Staff permission to enter the property during normal business hours for the purpose of inspecting all components of the permitted stormwater management facility.
21. The permit issued shall continue in force and effect until revoked or terminated by the City of Wilmington. The permit may be modified, revoked and reissued or terminated for cause. The filing of a request for a permit modification, revocation and re-issuance or termination does not stay any permit condition.
22. The approved stormwater management plans and all documentation submitted as part of the approved stormwater management permit application package for this project are incorporated by reference and are enforceable parts of the permit.



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23. The permittee shall submit a renewal request with all required forms and documentation at least 180 days prior to the expiration date of this permit.
24. If any one or more of the conditions of this permit is found to be unenforceable or otherwise invalidated, all remaining conditions shall remain in full effect.

Stormwater Management Permit issued this the 12th day of July, 2013

A handwritten signature in black ink, appearing to read 'Sterling Cheatham'.

for Sterling Cheatham, City Manager
City of Wilmington



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*unless otherwise
noted*

STORMWATER MANAGEMENT PERMIT APPLICATION FORM
(Form SWP 2.2)

I. GENERAL INFORMATION

1. Project Name (subdivision, facility, or establishment name - should be consistent with project name on plans, specifications, letters, operation and maintenance agreements, etc.):

New Hanover Regional Medical Center - Outpatient Cardiology Center

2. Location of Project (street address):

1415 Physicians Drive

City: Wilmington

County: New Hanover

Zip: 28401

3. Directions to project (from nearest major intersection):

Heading south on 17th St, take right onto Canterbury Road, first left onto Physicians Drive.

Property is approximately 0.1 miles on the right.

II. PERMIT INFORMATION

1. Specify the type of project (check one): ☐ Low Density ☐ High Density
☒ Drains to an Offsite Stormwater System ☐ Drainage Plan ☐ Other

If the project drains to an Offsite System, list the Stormwater Permit Number(s):

City of Wilmington: _____

State - NCDENR/DWQ: SW8 921001 Modification

2. Is the project currently covered (whole or in part) by an existing City or State (NCDENR/DWQ) Stormwater Permit? ☒ Yes ☒ No

If yes, list all applicable Stormwater Permit Numbers:

City of Wilmington: 1998004

State - NCDENR/DWQ: SW8 130507

3. Additional Project Permit Requirements (check all applicable):

☐ CAMA Major ☒ Sedimentation/Erosion Control

☐ NPDES Industrial Stormwater ☐ 404/401 Permit: Proposed Impacts: _____

If any of these permits have already been acquired please provide the Project Name, Project/Permit Number, issue date and the type of each permit:

III. CONTACT INFORMATION

1. Print Applicant / Signing Official's name and title (specifically the developer, property owner, lessee, designated government official, individual, etc. who owns the project):

Applicant / Organization: New Hanover Regional Medical Center

Signing Official & Title: Christina Maroulis-Ollie

- a. Contact information for Applicant / Signing Official:

Street Address: 2131 S 17th St

City: Wilmington State: NC Zip: 28402

Phone: 910-343-7000 Fax: _____ Email: christina.maroulis.ollie@nhrmc.org

Mailing Address (if different than physical address): _____

City: _____ State: _____ Zip: _____

- b. Please check the appropriate box. The applicant listed above is:

- ☒ The property owner (Skip to item 3)
☐ Lessee* (Attach a copy of the lease agreement and complete items 2 and 2a below)
☐ Purchaser* (Attach a copy of the pending sales agreement and complete items 2 and 2a below)
☐ Developer* (Complete items 2 and 2a below.)

2. Print Property Owner's name and title below, if you are the lessee, purchaser, or developer. (This is the person who owns the property that the project is on.)

Property Owner / Organization: _____

Signing Official & Title: _____

- a. Contact information for Property Owner:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

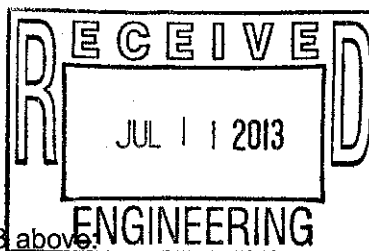
Mailing Address (if different than physical address): _____

City: _____ State: _____ Zip: _____

3. (Optional) Print the name and title of another contact such as the project's construction supervisor or another person who can answer questions about the project:

Other Contact Person / Organization: _____

Signing Official & Title: _____



a. Contact information for person listed in item 3 above:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address (if different than physical address): _____

City: _____ State: _____ Zip: _____

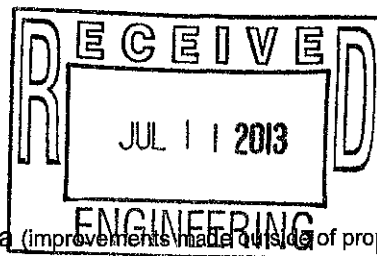
IV. PROJECT INFORMATION

1. In the space provided below, briefly summarize how the stormwater runoff will be treated.
Stormwater runoff will be treated by the Silverstream Regional wet ponds, located adjacent to the project site.

2. Total Property Area: 344,560 square feet
3. Total Coastal Wetlands Area: 0 square feet
4. Total Surface Water Area: 0 square feet
5. Total Property Area (2) – Total Coastal Wetlands Area (3) – Total Surface Water Area (4) = Total Project Area: 344,560 square feet.
6. Existing Impervious Surface within Property Area: 28,678 square feet
7. Existing Impervious Surface to be Removed/Demolished: 28,678 square feet
8. Existing Impervious Surface to Remain: 0 square feet
9. Total Onsite (within property boundary) Newly Constructed Impervious Surface (*in square feet*):

Buildings/Lots	32,112
Impervious Pavement	116,513
Pervious Pavement (adj. total, with % credit applied)	0
Impervious Sidewalks	14,056
Pervious Sidewalks (adj. total, with % credit applied)	0
Other (describe) Hospitality House Patio	2,370
Future Development	0
Total Onsite Newly Constructed Impervious Surface	165,051

10. Total Onsite Impervious Surface
 (Existing Impervious Surface to remain + Onsite Newly Constructed Impervious Surface) = 165,051 square feet
11. Project percent of impervious area: (Total Onsite Impervious Surface / Total Project Area) x100 = 48 %



12. Total Offsite Newly Constructed Impervious Area (improvements made outside of property boundary, in square feet):

Impervious Pavement	0
Pervious Pavement (adj. total, with % credit applied)	0
Impervious Sidewalks	0
Pervious Sidewalks (adj. total, with % credit applied)	0
Other (describe)	0
Total Offsite Newly Constructed Impervious Surface	0

13. Total Newly Constructed Impervious Surface

(Total Onsite + Offsite Newly Constructed Impervious Surface) = 165051 square feet

14. Complete the following information for each Stormwater BMP drainage area. If there are more than three drainage areas in the project, attach an additional sheet with the information for each area provided in the same format as below. Low Density projects may omit this section and skip to Section V.

Basin Information	(Type of BMP) BMP # 1	(Type of BMP) BMP # 2	(Type of BMP) BMP #
Receiving Stream Name	Silverstream Branch	Silverstream Branch	
Receiving Stream Index Number	C;Sw	C;Sw	
Stream Classification	18-76-1-1	18-76-1-1	
Total Drainage Area (sf)	188083	156477	0
On-Site Drainage Area (sf)	188083	156477	
Off-Site Drainage Area (sf)	0	0	
Total Impervious Area (sf)	55128	109923	0
Buildings/Lots (sf)	8024	24088	
Impervious Pavement (sf)	43685	72828	
Pervious Pavement, % credit (sf)	0	0	
Impervious Sidewalks (sf)	3419	10637	
Pervious Sidewalks, % credit (sf)	0	0	
Other (sf)	0	2370	
Future Development (sf)	0	0	
Existing Impervious to remain (sf)	0	0	
Offsite (sf)	0	0	
Percent Impervious Area (%)	29.3	70.2	

15. How was the off-site impervious area listed above determined? Provide documentation:

The total project site is 8.24 acres. 0.33 acres of the site was leased to CCSA and permitted as part of their stormwater submittal. The existing permit for CCSA is SW8 990206.

The remainder of the site (7.91 acres) was used for stormwater calculations. BMP #1 is flow to the upper pond, while BMP #2 is flow to the lower pond.

V. SUBMITTAL REQUIREMENTS

1. Supplemental and Operation & Maintenance Forms - One applicable City of Wilmington Stormwater BMP supplement form and checklist must be submitted for **each** BMP specified for this project. One applicable proposed operation and maintenance (O&M) form must be submitted for **each type** of stormwater BMP. Once approved, the operation and maintenance forms must be referenced on the final plat and recorded with the register of deeds office.
2. Deed Restrictions and Restrictive Covenants - For all subdivisions, outparcels, and future development, the appropriate property restrictions and protective covenants are required to be recorded prior to the sale of any lot. Due to variability in lot sizes or the proposed BUA allocations, a table listing each lot number, lot size, and the allowable built-upon area must be provided as an attachment to the completed and notarized deed restriction form. The appropriate deed restrictions and protective covenants forms can be downloaded at the link listed in section V (3). Download the latest versions for each submittal.

In instances where the applicant is different than the property owner, it is the responsibility of the property owner to sign the deed restrictions and protective covenants form while the applicant is responsible for ensuring that the deed restrictions are recorded.

By the notarized signature(s) below, the permit holder(s) certify that the recorded property restrictions and protective covenants for this project, if required, shall include all the items required in the permit and listed on the forms available on the website, that the covenants will be binding on all parties and persons claiming under them, that they will run with the land, that the required covenants cannot be changed or deleted without concurrence from the City of Wilmington, and that they will be recorded prior to the sale of any lot.

3. Only complete application packages will be accepted and reviewed by the City. A complete package includes all of the items listed on the City Engineering Plan Review Checklist, including the fee. Copies of the Engineering Plan Review Checklist, all Forms, Deed Restrictions as well as detailed instructions on how to complete this application form may be downloaded from:

<http://www.wilmingtonnc.gov/PublicServices/Engineering/PlanReview/StormwaterPermits.aspx>

The complete application package should be submitted to the following address:

City of Wilmington – Engineering
Plan Review Section
414 Chestnut Street, Suite 200
Wilmington, NC 28402

VI. CONSULTANT INFORMATION AND AUTHORIZATION

1. Applicant: Complete this section if you wish to designate authority to another individual and/or firm (such as a consulting engineer and /or firm) so that they may provide information on your behalf for this project (such as addressing requests for additional information).

Consulting Engineer: Richard A. Moore, PE

Consulting Firm: McKim & Creed, Inc.

a. Contact information for consultant listed above:

Mailing Address: 243 North Front St

City: Wilmington State: NC Zip: 28401

Phone: 910-343-1048 Fax: 910-251-8282 Email: ramoore@mckimcreed.com

VII. PROPERTY OWNER AUTHORIZATION (If Section III(2) has been filled out, complete this section)

I, (print or type name of person listed in Contact Information, item 2), certify that I own the property identified in this permit application, and thus give permission to (print or type name of person listed in Contact Information, item 1) with (print or type name of organization listed in Contact Information, item 1) to develop the project as currently proposed. A copy of the lease agreement or pending property sales contract has been provided with the submittal, which indicates the party responsible for the operation and maintenance of the stormwater system.

As the legal property owner I acknowledge, understand, and agree by my signature below, that if my designated agent (*entity listed in Contact Information, item 1*) dissolves their company and/or cancels or defaults on their lease agreement, or pending sale, responsibility for compliance with the City of Wilmington Stormwater Permit reverts back to me, the property owner. As the property owner, it is my responsibility to notify the City of Wilmington immediately and submit a completed Name/Ownership Change Form within 30 days; otherwise I will be operating a stormwater treatment facility without a valid permit. I understand that the operation of a stormwater treatment facility without a valid permit is a violation of the City of Wilmington Municipal Code of Ordinances and may result in appropriate enforcement including the assessment of civil penalties.

Signature: _____ Date: _____

SEAL

I, _____, a Notary Public for the State of _____, County of _____, do hereby certify that _____ personally appeared before me this day of _____, and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal,

My commission expires: _____

VIII. APPLICANT'S CERTIFICATION

I, (print or type name of person listed in Contact Information, item 1) CHRISTINA MAROULIS-OLIVE certify that the information included on this permit application form is, to the best of my knowledge, correct and that the project will be constructed in conformance with the approved plans, that the required deed restrictions and protective covenants will be recorded, and that the proposed project complies with the requirements of the applicable stormwater rules under.

Signature: Christina Maroulis-Olive Date: 4.30.13

SEAL

Brenda L Wiland
Notary Public, NC
New Hanover County
My Commission Expires
October 25, 2017

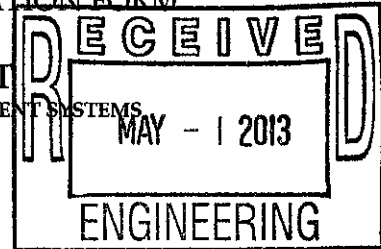
I, Brenda L. Wiland, a Notary Public for the State of North Carolina, County of New Hanover, do hereby certify that Christina Maroulis-Olive personally appeared before me this 30th day of April, 2013, and acknowledge the due execution of the application for a stormwater permit. Witness my hand and official seal,
Brenda L. Wiland
My commission expires: 10-25-2017

Permit No. _____
(to be provided by DWQ)

State of North Carolina
Department of Environment and Natural Resources
Division of Water Quality

STORMWATER MANAGEMENT PERMIT APPLICATION FORM

OFF-SITE SYSTEM SUPPLEMENT
FOR DEVELOPMENT DRAINING TO PERMITTED OFF-SITE TREATMENT SYSTEMS
This form may be photocopied for use as an original



DWQ Stormwater Management Plan Review:

A complete stormwater management plan submittal includes a stormwater management permit application, an off-site system supplement for each off-site stormwater treatment system, appropriate supplement forms for any on-site stormwater treatment systems, and plans and specifications showing all stormwater conveyances and drainage details for the project.

I. PROJECT INFORMATION

Project Name : New Hanover Regional Medical Center - Outpatient Cardiology Center

Contact Person: Richard A. Moore, PE Phone Number: (910)343-1048

Is all drainage from the project directed to the off-site system? (check one): ☒ Yes ☐ No

II. OFF-SITE SYSTEM INFORMATION (please complete the following information for the off-site system that will treat runoff from your project):

Permit No. SW8 921001- Modification

Project Name: Silverstream Regional Water Quality Facility

Type of System (wet pond, infiltration basin, etc.): Wet Pond

Lot No. (if part of a subdivision): 9

How much built upon area draining to the permitted treatment system has been allocated to this project?
75% of 7.91 acres = 258,420 SF

III. REQUIRED ITEMS CHECKLIST

Prior to issuing an off-site permit, verification of the following information must be provided. Initial in the space provided to indicate that the following requirements have been met and supporting documentation is attached. If the applicant has designated an agent in the Stormwater Management Permit Application Form, the agent may initial below. If a requirement has not been met, attach justification.

Applicants Initials

- ✓ a. Deed restrictions limiting the built-upon area on the site have been recorded.
✓ b. Engineers certification for the existing off-site system has been submitted to DWQ.
✓ c. There are no outstanding Notices of Violation for the off-site system.
✓ d. Off-site system is in compliance with the issued permit.

IV. STORMWATER COLLECTION SYSTEM MAINTENANCE REQUIREMENTS

1. Mowing will be accomplished as needed according to the season. Grass height will not exceed six inches at any time.
2. Accumulated sediment and trash will be removed from the collection system as necessary. Swales and ditches will be reseeded or sodded following sediment removal.
3. Eroded areas of swales and ditches will be repaired and reseeded. Swales and ditches will be revegetated as needed based on monthly inspections.
4. The collection system, including catch basins, curb cuts, velocity reduction devices, and piping, will be inspected monthly or after every significant runoff producing rainfall event. Trash and debris will be cleared away from grates, curb cuts, velocity reduction devices, and piping.
5. The collection system may not be altered in any way without prior approval from NCDENR Division of Water Quality.

I acknowledge and agree by my signature below that I am responsible for maintaining the stormwater collection system in accordance with the five maintenance procedures listed above. I agree to notify DWQ of any problems with the system or prior to any changes to the system or responsible party.

Print Name and Title: Christina Maroulis-Ollie

Address: 2131 South 17th St, Wilmington NC 28402

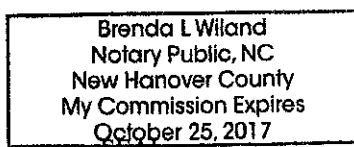
Phone: 910-343-7000

Date: 4.30.13

Signature: Christina Maroulis-Ollie

Note: The legally responsible party should not be a homeowners association unless more than 50% of the lots have been sold and a resident of the subdivision has been named the president.

I, Brenda L. Wiland, a Notary Public for the State of North Carolina County of New Hanover, do hereby certify that Christina Maroulis-Ollie personally appeared before me this 30th day of April, 2013, and acknowledge the due execution of the forgoing document including the stormwater collection system maintenance requirements. Witness my hand and official seal,



Brenda L. Wiland
Notary Public

My commission expires 10-25-2017